

Assisted Living Resident Emergency Contact Information

Instructions: Fill out this form and print it. Keep a copy in a highly visible location, such as the resident's refrigerator or near the entry door, for emergency responders.

Resident Information

Resident Full Name:

Date of Birth:

Assisted Living Facility Name:

Room / Apartment Number:

Facility Main Phone:

Primary Emergency Contact

Contact Full Name:

Relationship to Resident:

Primary Phone:

Alternate Phone:

Email Address:

Secondary Emergency Contact

Contact Full Name:

Relationship to Resident:

Primary Phone:

Alternate Phone:

Email Address:

Medical Information & Physician Contacts

Primary Care Physician:

Physician Phone:

Preferred Hospital:

Known Allergies:

Critical Diagnoses / Conditions: